

<i>SERFF Tracking Number:</i>	<i>UNSA-126404584</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>USAA Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44319</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>2010 Med Supp Rates</i>		
<i>Project Name/Number:</i>	<i>2010 Med Supp Rates/2009ANNRATE</i>		

Filing at a Glance

Company: USAA Life Insurance Company	SERFF Tr Num: UNSA-126404584	State: Arkansas
Product Name: 2010 Med Supp Rates	SERFF Status: Closed-Approved-	State Tr Num: 44319
TOI: MS06 Medicare Supplement - Other	Closed	
Sub-TOI: MS06.000 Medicare Supplement - Other	Co Tr Num:	State Status: Approved-Closed
Filing Type: Rate	Authors: Debbie Mann, Rosanna Tenorio	Reviewer(s): Stephanie Fowler
	Date Submitted: 12/11/2009	Disposition Date: 01/21/2010
		Disposition Status: Approved-Closed
Implementation Date Requested:		Implementation Date: 01/21/2010
State Filing Description:		

General Information

Project Name: 2010 Med Supp Rates	Status of Filing in Domicile: Pending
Project Number: 2009ANNRATE	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Filed concurrently in Texas; filing is pending for Texas specific rates.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact: 10%	Group Market Type:
Filing Status Changed: 01/21/2010	Explanation for Other Group Market Type:
	State Status Changed: 01/21/2010
Deemer Date:	Created By: Debbie Mann
Submitted By: Debbie Mann	Corresponding Filing Tracking Number:
Filing Description:	
RE: USAA Life Insurance Company/ NAIC #200-69663/ FEIN #74-1472662	
Required Annual Rate Filing /Rate Adjustment – Individual Medicare Supplement	
Standardized Policies: LIM20260-A 1-92, LIM20260-D 1-92, LIM20260-F, LIM20260-G 1-92	

SERFF Tracking Number: UNSA-126404584 State: Arkansas
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In compliance with Medicare Supplement requirements, we are submitting the annual filing of our premium rates to demonstrate loss ratio compliance, along with a rate increase for Plans A, D, F, G, for the above captioned policies (in-force renewal business and new business). Increases will not be given more frequently than once in a twelve-month period.

USAA Life Insurance Company markets Medicare Supplement insurance on a direct-response basis in 46 states.

Company and Contact

Filing Contact Information

Debbie Mann, Compliance Analyst debbie.mann@usaa.com
9800 Fredericksburg Road 800-531-8000 [Phone] 86803 [Ext]
B-1-E, Operations Compliance 47195 210-498-6675 [FAX]
San Antonio, TX 78288

Filing Company Information

USAA Life Insurance Company CoCode: 69663 State of Domicile: Texas
9800 Fredericksburg Road Group Code: 200 Company Type: Life
San Antonio, TX 78288 Group Name: State ID Number:
(800) 531-8000 ext. [Phone] FEIN Number: 74-1472662

Filing Fees

Fee Required? Yes
Fee Amount: \$200.00
Retaliatory? No
Fee Explanation: Arkansas filing fee of \$50.00 for each plan the rate increase applies to is greater than our domiciliary state, Texas, filing fee of \$100.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
USAA Life Insurance Company	\$200.00	12/11/2009	32728415

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	01/21/2010	01/21/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	01/21/2010	01/21/2010	Rosanna Tenorio	01/21/2010	01/21/2010

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Disposition

Disposition Date: 01/21/2010

Implementation Date: 01/21/2010

Status: Approved-Closed

Comment: The requested rate increase has been approved. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period
- Both the insured and agent shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
USAA Life Insurance Company	4.400%	10.000%	\$41,820	249	\$418,202	10.000%	10.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	No
Rate	Plan A Rate Sheets	Approved	Yes
Rate	Plan D Rate Sheets	Approved	Yes
Rate	Plan F Rate Sheets	Approved	Yes
Rate	Plan G Rate Sheets	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/21/2010
Submitted Date 01/21/2010
Respond By Date 02/22/2010

Dear Debbie Mann,

This will acknowledge receipt of the captioned filing.

Please attach the various appendices, as they seem to have been left off this filing.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/21/2010
Submitted Date 01/21/2010

Dear Stephanie Fowler,

Comments:

Thank you for your letter dated 1/21/10.

Response 1

Comments: The appendices are attached in the Supporting Documentation Tab labled Arkansas 2009.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please contact me if you have any questions at 1-800-531-8722, direct 210-844-4376, or email to rosanna.tenorio@usaa.com.

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State Tracking Number: 44319

Company Tracking Number:

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Sincerely,

Debbie Mann, Rosanna Tenorio

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Rate Information

Rate data applies to filing.

Filing Method:	Review & Approval
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	6.000%
Effective Date of Last Rate Revision:	04/01/2009
Filing Method of Last Filing:	Review & Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
USAA Life Insurance Company	4.400%	10.000%	\$41,820	249	\$418,202	10.000%	10.000%

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:* Action:*	Rate Action Information:	Attachments
Approved 01/21/2010	Plan A Rate Sheets	LIM20260-A 1-92 Revised		Previous State Filing Number: Percent Rate Change Request:	UNSA- Plan A Rate 1259337 Sheets.pdf 57 10.000
Approved 01/21/2010	Plan D Rate Sheets	LIM20260-D 1-92 Revised		Previous State Filing Number: Percent Rate Change Request:	UNSA- Plan D Rate 1259337 Sheets.pdf 57 10.000
Approved 01/21/2010	Plan F Rate Sheets	LIM20260-F 1-92 Revised		Previous State Filing Number: Percent Rate Change Request:	UNSA- Plan F Rate 1259337 Sheets.pdf 57 10.000
Approved 01/21/2010	Plan G Rate Sheets	LIM20260-G 1-92 Revised		Previous State Filing Number: Percent Rate Change Request:	UNSA- Plan G Rate 1259337 Sheets.pdf 57 10.000

**USAA INSURANCE COMPANY
APPENDIX B**

**RATE SHEET
MEDICARE STANDARDIZED PLAN A
ARKANSAS**

RATES EFFECTIVE 4/1/2009

Attained Age	Monthly APP	NON-SMOKER QTRLY	Monthly APP	SMOKER QTRLY
Uni-Age	114.07	348.92	125.46	383.76

Applicable to policies issued before 04/01/2008

**USAA INSURANCE COMPANY
APPENDIX B**

**RATE SHEET
MEDICARE STANDARDIZED PLAN A
ARKANSAS**

PROPOSED RATES EFFECTIVE 04/01/2010

Attained Age	Monthly APP	NON-SMOKER QTRLY	Monthly APP	SMOKER QTRLY
Uni-Age	125.46	383.76	138.04	422.24

Applicable to policies issued before 04/01/2008

**USAA INSURANCE COMPANY
APPENDIX B**

**RATE SHEET
MEDICARE STANDARDIZED PLAN D
ARKANSAS**

RATES EFFECTIVE 4/1/2009

Attained Age	Monthly APP	NON-SMOKER QTRLY	Monthly APP	SMOKER QTRLY
Uni-Age	153.85	470.60	168.47	515.32

Applicable to policies issued before 04/01/2008

**USAA INSURANCE COMPANY
APPENDIX B**

**RATE SHEET
MEDICARE STANDARDIZED PLAN D
ARKANSAS**

PROPOSED RATES EFFECTIVE 04/01/2010

Attained Age	Monthly APP	NON-SMOKER QTRLY	Monthly APP	SMOKER QTRLY
Uni-Age	169.32	517.92	185.30	566.80

Applicable to policies issued before 04/01/2008

**USAA INSURANCE COMPANY
APPENDIX B**

**RATE SHEET
MEDICARE STANDARDIZED PLAN F
ARKANSAS**

RATES EFFECTIVE 4/1/2009

Attained Age	Monthly APP	NON-SMOKER QTRLY	Monthly APP	SMOKER QTRLY
Uni-Age	136.85	418.60	150.28	459.68

Applicable to policies issued before 04/01/2008

**USAA INSURANCE COMPANY
APPENDIX B**

**RATE SHEET
MEDICARE STANDARDIZED PLAN F
ARKANSAS**

PROPOSED RATES EFFECTIVE 04/01/2010

Attained Age	Monthly APP	NON-SMOKER QTRLY	Monthly APP	SMOKER QTRLY
Uni-Age	150.62	460.72	165.24	505.44

Applicable to policies issued before 04/01/2008

**USAA INSURANCE COMPANY
APPENDIX B**

**RATE SHEET
MEDICARE STANDARDIZED PLAN G
ARKANSAS**

RATES EFFECTIVE 4/1/2009

Attained Age	Monthly APP	NON-SMOKER QTRLY	Monthly APP	SMOKER QTRLY
Uni-Age	158.78	485.68	174.25	533.00

Applicable to policies issued before 04/01/2008

**USAA INSURANCE COMPANY
APPENDIX B**

**RATE SHEET
MEDICARE STANDARDIZED PLAN G
ARKANSAS**

PROPOSED RATES EFFECTIVE 04/01/2010

Attained Age	Monthly APP	NON-SMOKER QTRLY	Monthly APP	SMOKER QTRLY
Uni-Age	174.59	534.04	191.76	586.56

Applicable to policies issued before 04/01/2008